

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

CMI INTOXILYZER 8000 MAINTENANCE REPORT

REPORT #2

	n duplicate at the time opy to Department of l						r instrument is
INSTRUMENT SERIAL NUMBER	LOCATION OF INSTRUME	NT	DATE OF INSPECTION			TIME OF INSPECTION	
80-005835	IPD DETE	NTION		09/1:	1/202	4	17:56
CALIBRATION CHEC	K RESULTS	·—···	CALIBRATION CHECK SUMMARY				
			STANDARD TYPE	STANDARD LOT#		STANDAR	RD EXPIRATION DATE
Test	g/210L	Time	DRY	AG306503 03/06/2025			/06/2025
			SIM TEMPERATURE	SIM SERIAL NUMBER	1	SIM CER	TIFICATE EXPIRATION
Air Blank	0.000	17:58	N/A	N/A		N/	A
Cal Check	0.098	17:58	STANDARD VALUE	STANDARD SUPPLIE	R		
Air Blank	0.000	17:59	0.100	INTOXIN	IETER!	S, I	NC
Cal Check	0.098	17:59					
Air Blank	0.000	18:00	0 000				
Cal Check	0.099	18:00	CALIBRATION CHECK R	ESULT 2			
Air Blank	0.000	18:00	11	0.0	98		
			CALIBRATION CHECK R				
1				0.0	99		
	Pass		MAXIMUM DEVIATION (MUST BE WITHIN 5%)			005 OR LESS)
, l	433		2.0%		0.0	01	
DIAGNOSTIC TEST RESULTS		RFI TEST RESULTS					
RAM Test Pa EEPROM Checksum Test Pa Real Time Clock Test Pa DSP Test Pa Analytical Stability Test Pa Modem Test Pa		Pass	Air Blan	Test 		g/210L RFI* 0.000	
	Pass ALS AND SUBJECT	BREATH TESTS IN	EACH RANGE S	Pa INCE LAST MA			REPORT
	.0004	.0509	.1014	.1519			R .19
1	2	5	3		3		3
List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary). MAINTENANCE							

INSPECTING OFFICER		and the same			是是是學問題的
SIGNATURE	11/27	PRINT NAME			
D. SCH MIDI		BRETT	SCHMIDL	I	
TYPE II PERMIT NUMBER	EXPIRATION DATE	-		TELEPHONE NUMBER	
240084	04/02/202	26		8163257300	
NO TOO COOL IO LOL	ALLEGUAL CONCONTINUE	ALL ECIDE ALTINE A CIT	OH ENDLOYED		1 4 0 10



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Test Date: 7-Mar-2023

Customer Name
Exclusive Supplier
Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Lot # AG306503 Model 108

Exp Date 6-Mar-2025 Cyl. Type 108 Component Ethanol

Nitrogen

Certified Concentration 0.100 ± 2% BrAC (260 ppm)

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No. EB0010581 EB0010570 EB0010285	Concentration 391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm	RGM Serial No. EB0010603 EB0010559 EB0010562	Concentration 392.5 ppm 258.9 ppm 104.2 ppm 52.94 ppm
EB0010285 EB0010561		EB0010562 EB0010579	
EB0010681	52.22 ppm		

CRM Serial No.	Concentration 800,0 ppm	CRM Serial No. CC727493	Concentration 390.0 ppm	
CC727481 CC727496	800,0 ppm 253,0 ppm	CC727498	150.0 ppm	

Analytical Method: NDIR

Objitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Argas USA LLC (Lab) Date:03.09.2023 20:47

Approved for Release:

Rod Marsala

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT

BRETT SCHMIDLI

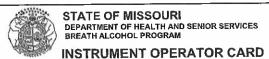
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOXILYZER 8000

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 4/2/2024	4/2/2024	/ like / lasson		
	4/2/2024	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY		
NUMBER	240084	Daves J. Michaelson		
EXPIRES	4/2/2026	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES		
		1 AP 4 PM 16		

MO 580-0771 (0-10)



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator SCHMIDLI, BRETT

Permit No 240084

Date Issued 4/2/2024 Date Expires 4/2/2026

